

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

FORM  
DR-2

(Rev. 07/2003)

DISCLOSURE  
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

IMPORTANT: Indicate type of committee you are reporting for:

1

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Bill Agan

Political Party

Republican

Office Sought

State Legislator

District (if Senate or House)

98

RECEIVED  
DISCLOSURE BOARD

JUN 28 2004

PM 6-24

SIGNATURE OF TREASURER (or person filing this report)

(712) 527-9184

TELEPHONE

06/24/04

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A June 4 amended REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate one 1

☒ CHECK IF AMENDMENT TO REPORT DATED June 4, 2004

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 759.73

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,110.00

Schedule F: Loans Received total (Attach Schedule F)

1,500.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

\$ 3,369.73

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,432.03

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 937.70

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

50.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,500.00

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ -0-

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS

☒ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/15/04	ID# CK#	Dr. Jacque Young 22723 Glenview Drive Glenwood, IA 51534		\$ 25.00	<input type="checkbox"/>
5/15/04	ID# CK#	Income from Mexican Lunch fundraiser (@ \$5.00 per plate)		200.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK#	Tom & Judy DeLashmutt 63537 230th Street Glenwood, IA 51534		100.00	<input type="checkbox"/>
5/15/04	ID# CK#	Bud & Shirley Carlson 24031 Marian Ave. Glenwood, IA 51534		25.00	<input type="checkbox"/>
5/21/04	ID# CK#	Stan & Joanie Sibley 55195 230th Street Glenwood, IA 51534		100.00	<input type="checkbox"/>
5/24/04	ID# CK#	Jim & Monica Hughes 25312 State Hwy 949 Glenwood, IA 51534		200.00	<input type="checkbox"/>
5/24/04	ID# CK#	Rod & Katherine Cameron 3 Summit Circle Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
5/26/04	ID# CK#	John Dean P. O. Box 431 Glenwood, IA 51534		100.00	<input type="checkbox"/>
✓ 5/26/04	ID# 6086 CK# 13068	IA State Education Assoc. 777 3rd Street Des Moines, IA 50309-1301		250.00	<input type="checkbox"/>
6/2/04	ID# CK#	Mr. & Mrs. Gary Funkhouser 9 Amery Circle Treynorm IA 51575		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,025.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

MONETARY  
RECEIPTS



CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/2/04	ID# CK#	Bob & Jan Fisher 109 Golf View Estates Glenwood, IA 51534		\$ 25.00	<input type="checkbox"/>
6/3/04	ID# CK#	Vaughn & Kathy Wasenius 56686 220th Street Glenwood, IA 51534		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 75.00

**TOTAL (if last page of this schedule)**

\$ 1,110.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

Reset Form

SCHEDULE

F

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAYED

☒ CHECK THIS BOX IF  
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5/24/04	Bill Agan 57204 240th Street Glenwood, IA 51534	self	\$ 1,500

TOTAL (PART I) \$ 1,500.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
	-0-		\$

TOTAL CASH REPAYMENTS (PART II) \$ -0-

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,500.00

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

C 7001 2510 0007 5575 8793

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE**

Reset Form

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

**IMPORTANT:** Indicate type of committee you are reporting for: ☒ 1(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Bill Agan

Political Party

Republican

Office Sought

state legislator

District (if Senate or House)

98

**FORM****DR-2**

(Rev. 07/2003)

DISCLOSURE  
REPORT**For Office Use Only**

Comm. #

1580

Logged In

2

Scanned

Computer

Audited

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**

JUN - 7 2004

PM 6-4

FILED

(712) 527-9184

DATE SIGNED

SIGNATURE OF TREASURER (or person filing this report)

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A June 4, 2004 (supplement) REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one ☒ 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held  
by the committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period, or must be zero if this is first report filed.)

759.73

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,610.00

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

3,369.73

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,432.03

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

**CASH ON HAND** at the end of this reporting period (if final report, balance must  
be zero) (Attach DR-3)

937.70

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

-0-

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

50.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

-0-

**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

-0-

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/15/04	ID# CK#	Dr. Jacque Young 22723 Glenview Drive Glenwood, IA 51534		\$ 25.00	<input type="checkbox"/>
5/15/04	ID# CK#	Income from Mexican Lunch fundraiser (@ \$5.00 per plate)		200.00	<input checked="" type="checkbox"/>
5/15/04	ID# CK#	Tom & Judy DeLashmutt 63537 230th Street Glenwood, IA 51534		100.00	<input type="checkbox"/>
5/15/04	ID# CK#	Bud & Shirley Carlson 24031 Marian Avenue Glenwood, IA 51534		25.00	<input type="checkbox"/>
5/21/04	ID# CK#	Stan & Joanie Sibley 55195 230th Street Glenwood, IA 51534		100.00	<input type="checkbox"/>
5/24/04	ID# CK#	Jim & Monica Hughes 25312 State Hwy 949 Glenwood, IA 51534		200.00	<input type="checkbox"/>
5/24/04	ID# CK#	Rod & Katherine Cameron 3 Summit Circle Council Bluffs, IA 51503		25.00	<input type="checkbox"/>
5/24/04	ID# CK#	Bill Agan 57204 240th Street Glenwood, IA 51534	self	1,500.00	<input type="checkbox"/>
5/26/04	ID# CK#	John Dean P. O. Box 431 Glenwood, IA 51534		100.00	<input type="checkbox"/>
5/26/04	ID# 6086 CK# 13068	IA State Education Assoc. 777 3rd Street Des Moines, IA 50309-1301		250.00	<input type="checkbox"/>
SUB-TOTAL				\$2,525.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/2/04	ID# CK#	Mr. & Mrs. Gary Funkhouser 9 Amery Circle Treyvor, IA 51575		\$ 10.00	<input type="checkbox"/>
6/2/04	ID# CK#	Bob & Jan Fisher 109 Golf View Estates Glenwood, IA 51534		25.00	<input type="checkbox"/>
6/3/04	ID# CK#	Vaughn & Kathy Wasenius 56686 220th Street Glenwood, IA 51534		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 85.00	
TOTAL (if last page of this schedule)				\$ 2,610.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/18/04	ID# CK#	Post Office Council Bluffs, IA 51503	filing report sent by certified mail to Sec. of State	\$ 4.88
5/18/04	ID# CK#	Jensen Printing 1446 S. 13th Street Omaha, NE 58108	remaining balance due for printing of campaign brochures	727.34
5/20/04	ID# CK#	Botna Valley Reporter 118 Broadway Carson, IA 51525	inclusion of political flyer insert in news- paper	179.00
5/20/04	ID# CK#	Gazette 107 4th Street Neola, IA 51559	inclusion of political flyer insert in newspaper	127.00
5/22/04	ID# CK#	Opinion Tribune 116 S. Walnut Street Glenwood, IA 51534	inclusion of political flyer insert in newspaper	301.51
5/24/04	ID# CK#	Nonpareil 117 Pearl Street Council Bluffs, IA 51503	inclusion of political flyer insert in newspaper	1,092.30
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$2,432.03

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	No debts or obligations		\$ - 0 -
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ - 0 -

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/25/04	Jim Tucker Glenwood Sports.com 102 S. Walnut Street Glenwood, IA 51534		sorting & printing of precinct labels to use for mailings	\$ 50.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 50.00

TOTAL (if last  
page of this  
schedule) \$ 50.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	No loans received		\$ -0-

TOTAL (PART I) \$ \_\_\_\_\_

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

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Reset Form

SCHEDULE

**F**

(Rev. 07/03)

LOANS  
RECEIVED  
& REPAID

☐ CHECK THIS BOX IF  
AMENDING FORM

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

Reset Form

## PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant No consultant used		
Mailing Address		
City	State	Zip Code

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
----------------------------	--

From _____	\$ _____
To _____	

## ESTIMATES OF PERFORMANCE


## PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	No consultant used		\$ -0-

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$

-0-

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Bill Agan

Reset Form

SCHEDULE

**H**

(Rev. 07/03)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM

## PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
	No campaign property		

## PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\*

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation
	No sales or transfers				

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT  
(TRANSFER TO SUMMARY PAGE) \$ -0-\*\* PROPERTY SALES & TRANSFERS TOTAL  
(TRANSFER TO SUMMARY PAGE) \$ -0-TOTALS \$        \$       

\* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)

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(For Schedule H)